PTO/SB/06 (07-06)

Approved for use through 1/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/824,124			ing Date 13/2004	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	T	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A		N/A	1 == (0)	1	N/A	(4)		
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A			
	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =			
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•		x \$ =		1	x s =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	ngs exceed 100 ion size fee due y) for each on thereof. See 7 CFR 1.16(s).									
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(J))								1				
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL			
									ER THAN ALL ENTITY				
AMENDMENT	04/16/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18(1))	· 15	Minus	<b></b> 20	= 0	]	X \$26 =	0	OR	x s =			
	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0	1	X \$110 =	0	OR	x s =			
	Application Size Fee (37 CFR 1.16(s))												
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)													
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
Ä	Total (37 CFR 1,18(i))		Minus		-	1	x \$ =		OR	x \$ =			
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***	=	]	x \$ =		OR	x s =			
딦	Application Size Fee (37 CFR 1.16(s))					]			]				
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
									OR	TOTAL ADD'L FEE			
"If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USF) process) an application. Confidentiality is ownered by \$8 USF. 1.28 and \$3 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segelections for reducing this burdon, should be sent to the Chief information Officer. US. Fatential and Trademark Office, U.S. Department of Commons. P.O. Box 1450, Aboxandria, VA 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENCES. SEND TO: Commissioner for Platents, P.O. Box 1450, Alexandria, VA 2213-1450.